

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/657047
Filing Date	9/5/2003
First Named Inventor	Almendinger
Art Unit	3766
Confirmation No.	1079
Examiner Name	Schaetzle
Attorney Docket Number	011738.00164

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☒ the practitioners (with registrations numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- ☐ 10.40(b)(1) ☐ 10.40(b)(2) ☐ 10.40(b)(3) ☒ 10.40(b)(4)
- ☐ 10.40(c)(1)(i) ☐ 10.40(c)(1)(ii) ☐ 10.40(c)(1)(iii) ☐ 10.40(c)(1)(iv)
- ☐ 10.40(c)(1)(v) ☐ 10.40(c)(1)(vi) ☐ 10.40(c)(2) ☐ 10.40(c)(3)
- ☐ 10.40(c)(4) ☐ 10.40(c)(5) ☐ 10.40(c)(6) Please explain below:

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
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Please provide an explanation, if necessary:

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I am authorized to sign on behalf of myself and all withdrawing practitioners

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April 29, 2011

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312-463-5000

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